

# ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS Attachment B-4

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME: \_\_\_\_\_

<b>SALARIES</b>	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM DSS
STAFF POSITION				
1.				
2.				
3.				
4.				
5.				
6.				
<b>TOTAL SALARIES REQUESTED FROM DSS</b>	-----	-----	-----	

## EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
<b>TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS</b>	-----	-----	-----	